## 2006 FOR PROFIT CORPORATION

## Mar 30, 2006 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P02000122258** RIOLLANO MARBLE & TILE, INC, Principal Place of Business Mailing Address 5901 PLUNKETT STREET 5901 PLUNKETT STREET HOLLYWOOD, FL 33023-2349 US HOLLYWOOD, FL 23023-2349 03132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1639114 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIOLLANO, CARLOS A DO NOT WRITE 5901 PLUNKETT STREET HOLLYWOOD, FL 23023-2349 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and 196 il applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE RIOLLANO, CARLOS A NAME STREET ADDRESS **5901 PLUNKETT STREET** CTTY-ST-ZIP HOLLYWOOD, FL 330232349 //00000485792 04/13/06-80003-009 150.00 TITLE RIOLLANO, MARIA T NAME **5901 PLUNKETT STREET** STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 230232349 NAME STREET ADDRESS DO NOT WRITE CXTY-ST-ZIP mE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

**FILED** 

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and securate and that my signature shall have the same legal effect as if made under oallt, that I am en officer or director of the corporation or the receiver or trusteepempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or on an attachment with an address, with all other like empowered.

HARIA T. RIOLLAND 03 - 28- 06
ICER OR DIRECTOR SIGNATURE: N SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

NAME STREET ADDRESS CATY-ST-ZIP